

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 5
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 26 / 2014</div>	

Full Name of Payee Aterra 25		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 24 / 2014</div>	
Mailing Address 526 39th St		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2560.00</div>	
City Des Moines	State IA	Zip Code 50312	Transaction ID : SE.4536
Purpose of Expenditure Office Space Rental		Category/Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">17560.00</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee ccAdvertising		Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 08 / 24 / 2014</div>	
Mailing Address 14001C Saint German Dr Ste 353		Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">12428.57</div>	
City Centerville	State VA	Zip Code 20121	Transaction ID : SE.4538
Purpose of Expenditure Voter ID Call Centers		Category/Type	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY</div>
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">29988.57</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14988.57</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY
08 / 29 / 2014

Signature

: 97 `A-G79 @G B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB
.

Form/Schedule: F24A
Transaction ID :

Report is amended to update the payment total to Forget Properties LLC for office space rental. The original amount reported was an estimate. The original amount reported was 3450. The amount reported on this amendment is 7166.66.

Form/Schedule:
Transaction ID:

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FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M / D D / Y Y Y Y Y Y 08 / 26 / 2014	

Full Name of Payee ccAdvertising		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 24 / 2014	
Mailing Address 14001C Saint German Dr Ste 353		Amount 1071.43	
City Centerville	State VA	Zip Code 20121	Transaction ID : SE.4539
Purpose of Expenditure Voter ID Call Centers	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 12 / 2014	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		50563.51	

Full Name of Payee Forget Properties LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 24 / 2014	
Mailing Address 4214 Fleur Dr Ste 13		Amount 7166.66	
City Des Moines	State IA	Zip Code 50321	Transaction ID : SE.4537
Purpose of Expenditure Office Space Rental	Category/ Type	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 28 / 2014	
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	
		65230.17	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8238.09
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Mr. KENNETH W. DAVIS JR.

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08 / 29 / 2014

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
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NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;">C C00563064</div>	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> / <div style="border: 1px solid black; padding: 2px;">DD</div> / <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>	

Full Name of Payee Ryan Rhodes			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> / <div style="border: 1px solid black; padding: 2px;">DD</div> / <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>		
Mailing Address 537 28th St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>		
City West Des Moines	State IA	Zip Code 50265	Transaction ID : SE.4532		
Purpose of Expenditure Media Election Consulting		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> / <div style="border: 1px solid black; padding: 2px;">DD</div> / <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>		
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">15000.00</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee Ryan Rhodes			Date of Public Distribution/Dissemination <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> / <div style="border: 1px solid black; padding: 2px;">DD</div> / <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>		
Mailing Address 537 28th St			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">7500.00</div>		
City West Des Moines	State IA	Zip Code 50265	Transaction ID : SE.4535		
Purpose of Expenditure Media Election Consulting		Category/ Type <div style="border: 1px solid black; padding: 2px; width: 50px;"></div>	Date of Disbursement or Obligation <div style="display: inline-block; text-align: center;"> <div style="border: 1px solid black; padding: 2px;">MM</div> / <div style="border: 1px solid black; padding: 2px;">DD</div> / <div style="border: 1px solid black; padding: 2px;">YYYY</div> </div>		
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA		
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">58063.51</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">22500.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"></div>

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Mr. KENNETH W. DAVIS JR.

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Date

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Signature

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PAGE	5	OF	5
FOR SE OF FORM 24/48			

NAME OF COMMITTEE (In Full) VOTE 2 REDUCE DEBT (V2RD)		FEC IDENTIFICATION NUMBER ▼ C C00563064	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report	<input checked="" type="checkbox"/> Amends report filed on
		M M M / D D D / Y Y Y Y Y Y 08 / 26 / 2014	

Full Name of Payee The Political Network		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 24 / 2014	
Mailing Address 225 East 85th St Ste 306		Amount 4503.51	
City New York	State NY	Zip Code 10028	Transaction ID : SE.4540
Purpose of Expenditure Telecommunications Services and Equipment Rental		Category/ Type	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2014
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought		49492.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/ Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	4503.51
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	50230.17

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Mr. KENNETH W. DAVIS JR.

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Date

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Signature